## RECEIVED

## RECEIVED

00 CED 2 4M 10 - EQ				
03 SEP = 3 AM 10: 58	LOYALT	Y OATH	03 SEP X	3 AM 10: 57
ALTER OF COMME OF CONTRACTOR AND ADDRESS OF THE ADD				
(Sections 876.05-876.10, Florida Statutes)				
STATE OF FLORIDA		Miami	i-Dade	COUNTY
		Midiff	I-Daue	- COUNTY
	(PLEAS)	E PRINT)		
I, Luis	0		PARCIA	TR
First Name	Middle Nan			
a citizen of the State of Florida and of the United States of America and a candidate for public office.				
hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.				
	_			
OATH OF CANDIDATE				
(Section 99.021, Fiorida Statutes)				
I, Luis & GARCIA &				
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)				
am a candidate for the office of	DMMISSIONE		N/A	N/A .
- 7	(office)		(district)	(circuit)
. I am a qualified	elector of	Miami-Dade	_ County, Flori	, ,
(group)				
I am a qualified elector of the City of Miami Beach, Florida. I am qualified under the ordinances and Charter of said City and under the Constitution and the Laws of Florida to hold the office to which I desire to be				
nominated or elected. I have qualified for no other public office in the state, the term of which office or any				
part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.				
required to resign pursuant to seed	on 99.012, Florida .	otatutes.		
UNDER PENALTIES OF PERJURY, I D	ECLARE THAT I HAV	E READ THE FOREGO	ING LOYALTY	ATH AND OATH OF
THE FACTS STATED IN EACH ARE TRUE.				
SWORN TO AND SUBSCRIBED before me this 3 pday				
POBERT E. PARCHER  NY COMMISSION # CC. 907458  EXPIRES: March 31, 2004  Bonded Thru Notary Public Underwriters  Of Suptembell 2003, Notary Name: Robert E. Parchen,  Notary Public, State of Florida  Commission Expires: 3/31/04  Personally Known: V,				
SIGN ( )				
Signature of Candidate				
6477 1	011	11		-1
6422 COLLINS AVE	<u> </u>	1305 1962-1	1641	OV ) 868-8266 Number
		Day Phone	Fax	Number
MIAMI BEACH	CL	: 33141	0	
City			<del></del>	-3-3
<b>-</b>	State	Zip Code	Date Si	gned